RI SOS Filing Number: 201859196180 Date: 2/27/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 27 AM 10:56

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
509810	**Kitchen Mentors Inc.**

3. Principal Office Address	City	State	Zip
7 Uplands Woods Circle #101	**Norwood**	**MA**	**02062**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722320	**Food Service**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Steven Hixon	**Nora R. Hixon**
Street Address: **7 Uplands Woods Circle #101**	Street Address: **7 Uplands Woods Circle #101**
City: **Norwood** State: **MA** Zip: **02062**	City: **Norwood** State: **MA** Zip: **02062**
Secretary Name: **Steven Hixon**	Treasurer Name: **Steven Hixon**
Street Address: **7 Uplands Woods Circle #101**	Street Address: **7 Uplands Woods Circle #101**
City: **Norwood** State: **MA** Zip: **02062**	City: **Norwood** State: **MA** Zip: **02062**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	**1000**	**Common**	**$.01**

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Steven Hixon	2/7/18

Signature of Authorized Representative: Steven Hixon

SIGN DOCUMENT HERE **FILED**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 27 2018
BY 325337

FORM 630 - Revised: 10/2017